

## COVA CARE MONTHLY PREMIUMS -- (Effective July 1, 2003 - June 30, 2004)

	One Person	Two Persons	Three Or More
COVA Care Health Plan Basic Plan – No Options	<b>\$292</b>	<b>\$541</b>	<b>\$789</b>

### Additional Coverage Options

You may elect additional coverage. You pay your basic COVA Care premium *plus* the additional premium shown below. Select *one* from Options A through E.

	One Person	Two Persons	Three Or More
A Out-of-Network	<b>\$7</b>	<b>\$9</b>	<b>\$11</b>
B Expanded Dental	<b>\$9</b>	<b>\$17</b>	<b>\$26</b>
C Vision, Hearing and Expanded Dental	<b>\$15</b>	<b>\$28</b>	<b>\$40</b>
D Out-of-Network and Expanded Dental	<b>\$16</b>	<b>\$26</b>	<b>\$37</b>
E Out-of-Network and Vision, Hearing and Expanded Dental	<b>\$22</b>	<b>\$37</b>	<b>\$51</b>

## KAISER PERMANENTE MONTHLY PREMIUMS - Northern Virginia Only (Effective July 1, 2003 - June 30, 2004)

	One Person	Two Persons	Three Or More
Kaiser Permanente HMO	<b>\$291</b>	<b>\$538</b>	<b>\$786</b>